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UNITED STATE DISTRICT COURT EASTERN DISTRICT OF NEW YORK	
ZBIGNIEW PAPIEZ,	Docket No.: 15-CV-2845 (ERK) (RML)
Plaintiff,	
- 1	DEFENDANT HOME DEPOT
-against-	U.S.A., INC.'S RULE 26
HOME DEPOT U.S.A., INC.	EXCHANGE OF EXPERT WITNESS INFORMATION
Defendant.	OF PAUL KUFLIK, M.D.
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PLEASE TAKE NOTICE, that pursuant to Rule 34 of the Federal Rules of Civil Procedure, the Defendant HOME DEPOT U.S.A., INC., by and through undersigned counsel, LEWIS BRISBOIS BISGAARD & SMITH LLP, hereby make the following disclosure pursuant to Federal Rules of Civil Procedure 26(a)(2):

- 1. HOME DEPOT U.S.A., INC. may call the following individual as an expert at trial to present evidence under Federal Rules of Evidence 702, 703, and 705:
 - Paul L. Kuflik, M.D. Icahn School of medicine at Mount Sinai 5 East 98th Street, 4th Floor, Box 1188 New York, New York 10029-6574
- 2. A copy of Dr. Kuflik's curriculum vitae is annexed hereto as Exhibit "A" setting forth his qualifications and list of his publications. Annexed hereto as Exhibit "B" is a copy of the cases in which he has testified in the last four years. Dr. Kuflik's report, dated January 25, 2017, is annexed hereto as Exhibit "C". Dr. Kuflik's fee schedule setting forth the compensation to be paid for the study and testimony in this case is annexed hereto as Exhibit "D". Please note also that trial testimony is \$15,000.000 per day and the cost for deposition is \$5,000.000 for up to three hours.
- 3. This disclosure is pursuant to Rule 26 and is not intended to limit the scope or substance of any expert called by the defendant at trial. This disclosure should not be

considered all encompassing, as expert testimony to be offered by this defendant shall depend, of necessity, upon the issues raised at trial by other experts and witnesses.

- 4. Defendant HOME DEPOT U.S.A., INC. and this expert reserve the right to supplement or modify the opinions set forth in the annexed report as new information is or may be obtained.
- 5. This expert may also rely or comment upon any additional depositions, any expert information exchanged, trial testimony and all exhibits thereto.
- 6. This expert may also be requested to rebut the positions and opinions, if any, of the defendant's expert witnesses, if any, at trial.

PLEASE TAKE FURTHER NOTICE that the Defendant HOME DEPOT U.S.A., INC. reserves the right to supplement and/or amend this disclosure up until and including the time of trial in this matter if necessary.

Dated: New York, New York February 17, 2017

LEWIS BRISBOIS BISBARD & SMITH LLP

Bv:

David M. Pollack (DP 6143)

Michael N. Giacopelli (MG 4170)

Attorney's for Defendant Home Depot U.S.A., Inc.

77 Water Street, Suite 2100

New York, New York 10005

Telephone: 212.232.1300 Facsimile: 212.232.1399

To:

Edelman & Edelman, P.C. Attorneys for Plaintiff
ZBIGNIEW PAPIEZ
61 Broadway, Suite 3010
New York, New York 10006
212.943.1200

CERTIFICATE OF SERVICE

Michael N. Giacopelli, an attorney duly admitted to practice before this Court, certifies that on February 17, 2017, he caused the within DEFENDANT HOME DEPOT U.S.A., INC.'S RULE 26 EXCHANGE OF EXPERT WITNESS INFORMATION OF PAUL KUFLIK, M.D. to be served upon the attorneys for plaintiff at the address set forth above by first class mail and facsimile.

Michael N. Giacopelli



PAUL L. RUFLIK, M.D. 912 Harvard Court Woodmers, NY 11598 Phuffloffyuring.net 516-313-1900

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Updated July 2014

CURRICULUM VITAE

EQUIPTAL APPOINTMENTS

9/1983-4/1986 Clinical Coordinator: Hip Prosthesia

Hospital for Joint Disease Orthopsedic Institute

New York, NY

7/1905-6/1906 Chief Resident

Department Orthopsadic Surgery

Hospital for Joint Discesse Orthopsedic Institute

New York, NY

1/1995-5/1995 Instructor in Surgery

Physician Amietra: Program Touro College Orthopsedio

New York, NY

1/1987-12/1998 Assistant Attending

Hospital for Joint Diseases Oxfoopsedic Institute

New York, NY

7/1987-4/1989 Chief Orthopedic Spins Service, Mount Sized Hospital

New York, NY

7/1967-Present Astending in Orthopodice

Bootis Mamorial Medical Conter

Queessa, NY

3/1937-12/1996 Attending in Orthopasiles

Both Israel Medical Center

Now York, NY

7/1996-12/2005 Attending in Surgary

Putnera Hospital Center

Campi, NY

7/1991-12/1996 Chief Booliogis Service

Hospital for Joint Divesses Orthopsudio Institute

New York, NY

PAUL L. KUFLIK, M.D.

Courleston Vine

2

13/1996-12/2012 Associate Director

The New York Spine Institute Both Isrsel Medical Center

New York, NY

1/2013- Present Attending Spine Center, Department of Orthopedics,

Mount Shari Hospital

ACADEMIC APPOINTMENTS

1/1987-12/1996 Amentant Clinical Professor of Orthopaedic Burgary

Mount Sinul Medical Center

9/1994-13/1996 Clinical Assistant Professor of Orthopsedic Surgery

Now York University Medical Center, New York

7/1998-12/2012 Andstant Choicel Preference of Ontopuedio Surgary

Albert Hissish College of Medicine

1/2013-Fresent Associate Professor Orthopedia Surgary

Minura Sinal Bohool of Medicine

GAPS IN EMPLOYMENT

Not applicable

EDDCATEON

9/1973-6/1977 Bachelor of Artz (Mason cum Laude)

Psychology Queena Collage

City University of New York

New York, NY

9/1977-5/1981 Doctor of Medicine

Upstate Medical College State University of New York

Syrecuse, NY

POSTDOCTORAL TRAINING

7/1981-6/1982 Intent: General Surgary

Both Israel Medical Conter

New York, NY

Director of Surgary; Charles K. McSherry, M.D.

7/1983-5/1986 Resident: Orthopsedia Surgery

Paul L. Knfilk, M.D. Contoulon Vites

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Hospital for Joint Diseases Orthopsedia Institute

New York, NY

Program Chairman; Victor R. Frankel, M.D., Ph.D.

7/1986-12/1586

Fellow: Spice Surgery Terento General Hospital

Toronto, Outerio

Pellowship Director: John P. Kostulk, M.D. Pelmary Surgical Mentor: Stephen I. Esses, M.D.

LECENSURE AND CERTIFICATION

Linesanse

7/1982 State of New York

License #150968

2/1992 State of Florida

"Lionnas #MB61576

Cactification

7/1989 Diplomet

American Board of Orthopsedic Surgary

1/2008-12/2009 Recertification

American Board of Orthopsedio Surgery

1/2010-12/2019 Recertification

American Board of Orthopsedic Surgary

HONORS AND AWARDS

9/1989 Elected to Alpha Omega Alpha

7/1986-12/1986 Albert M. Betcher Traveling Pallowship

Hospital for Joint Diseases Orthopsodic limitates

1907 Top Doctor - 10 years

Orthogaedic Samery

A New York Metro Area Top Dector for 10 Years

Castle Connolly Medical Ltd.

2011-2012 Recipient - Best Doctors

Selected as one of The Best Dictors in America.

Paul L. Kuffik, M.D. Curiostan Vitae

Fee

PATENTS Not applicable

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OTHER PROFESSIONAL ROLES

1/1986-2003, 2006-2007 American Medical Association

7/1986-4/1994, 2012 New York State Medical Society

1988 Member – American Academy of Orthopsedio Surgeons

7/1909-Present Diplomst American Board of Orthopsedic Surgery

3/1991-Present Active Fellow - American Academy of Orthopsedic Surgeons

1992 Moderator for the apine section for the Alumni

Scientific Meeting, Hospital for Joint Discover

3/1995-12/1996 Section Hillfor for Spins for the Editorial Bound of

the Bulletin for Hospital for Joint Diseases

Orthogundla Institute

\$/1998 Infoderator for the spine section for the Alumni

Solentific Meeting, Hospital for Joint Diseases:

19/2090-Present Soulines Research Soulety

9/2009-Present Hocicty for Minimelly Investve Spine Surgery

4/1994-Present New York County Medical Society

7/1992-Present North American Spine Society

1/1993-Present New York State Estalety of Chilespediate

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Paul L. Kuffik, M.D. Custenhan Vites

RESEARCH PROPILE

My recently it themsel on with all delicerally and clinical outsome steeling related to discusions of the cardeal and huntur spins. Recent musical pariets include participation in a multicenter eduit desilvansity consumes study, interventional dynamics dies opener trial, and multipanier brane tourphopsessio protein study. Also, I was co-investigator of a comparative study examining the floacy of two interbody fusion techniques at resisting disc beight, increasing neuroforcement dimensions, and restoring instintic alignment in the isobesseral spins. Correct projects include a collaborative study with pain management designed to avalages whether brief lidecolor/intention infusions improve postoperative pain and functional restoration. In addition, I am participating in prospective significat emerging: 1) the influence of body mass lader on entropes measures and perioperative complications said 2) second function and gender specific postoperative propolastions in patients with degenerative discuss of the lumber spine. My specific research form is to continue to execute the nutcerose of various surplust procedures and identify predictive official and radiographic features that ultimately improve the alkeloal outcomes of patients with spinal disorders. Posibur, I have a particular interest in minimally invasive agine surgery. My intent is to direct clinical outcome studies associated with minimally investvo procedures at Street Shest

As a researcher, I have published II articles in pear-reviewed journals and have cosmissed 3 book obspices. In addition, my collaborative work has been presented at over 30 regional and notional conferences.

CLINECAL PROFEE

I not committed to providing optimal case of patients with complex apleat disorders and have been recognized as such by my poors. I have been seemed the posthetons "New York Moto Area Top Doctor for 10 years" and was selected as one of "The Best Doctors in America" in 2011. My perfectler expectice is in the application of argumental spinal instrumentation and minimally invasive techniques to treat distributes of the spina. I perform approximately 270 major spina surgedes per year and provide ours for over 1500 organizations in olimic yearly. Geographically, my referral boss primarily comes from the til-state mess.

IMPACT

As Director of the Scotlevis Clinic at the Hospital for Joint Director Ordropcodic Institute, from 1987-1996, I treated the manda of pediatric and adolt spinal definality petients and gained wide recognition as a spinal defendity suggeon. As such, I served to the Spina Section Editor for the

Paul L. Koffik, M.D. Confedien Viles

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Editorial Board of the Bulletin for Heapital for Joint Diseases Orthopsedic Institute from 1995-1996. Currently, I am Associate Director of the Spine Institute at Beth Israel Medical Custer.

My teaching efforts have been directed at training over 40 spine fellows in our comprehensive spine program at Both hund Medical Center. In addition, I was an active surgicul and alimical menter for our residents at Mount Singi, Booth Memorial Medical Center, and Hospital for Joint Director. My academic role includes providing didactic lectures, research prescriptions, and case prescriptions to over 150 fellows and residents.

An well as an active clinical and research extented practice, I am a member of several regional and national professional organizations. These memberships include the American Academy of Orthopedic Surgeons, the North American Spine Society, the Scotlogia Research Society, and the Society for Minimally Invasive Spine Surgery (which only selects ~20 new members each year).

GRANTS, CONTRACTS, BOUNDATION SUPPORT

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Paul L. Kuflik, M.D. Condudon Vino

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TRACHING ACTIVITIES

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Paul L. Kuflik, M.D. Carripdon Vitas

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ADMINISTRATIVE LEADERSHIP APPOINTMENTS

INTERNAL

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RESEARCH/CLINICAL/TBACHING/ GPNHRAL ADMINISTRATION

1/1987-12/1996

Director

Spolionis Clinin

Hospital for Joint Diseases Orthopandic Institute

New York, NY

2/1993

Program Chairman, Ahmed Maschur

Hospital for Joint Diseases Orthopaedic Institute

New York, NY

2/1994

President, Almenti Association

Hospital the Joint Dismans Orthopsetto Institute

Now York, NY

12/15 PS France t

Associate Director

The New York Spine Institute Both Israel Medical Couter

New York, NY

Paul L. Kuflik, M.D. Cariophya Vites

14

PUBLICATIONS

PERE REVIEWED ORIGINAL CONTRIBUTIONS

- Kuffik P, Ankolekar A, Stachin SA, Bernstein R. Interscales brachist places block anasthesis for upper extremity surgery. J Hand Sorg Am 1986 Mar; 11(2):246-8.
- Buich SM, Kuflik P, Neowith M. Tennelsminer facet scrow fination in hunber spine finance. Spine 1993 Mar 15;18(4):444-9.
- Marguiles JY, Flomen Y, Robin GC, Neuwirth hdG, Kuftik P, Weidenburm M, Paccy JP. An algorithm for selection of instrumentation levels in stoliosis. Eur Spine J 1998;7(2):88-94.
- Cohen I, Lau KR, Henry G, Butmove M, Stimbeelne AM, Neowirth MG, Koffill-PL, Canden AM, Bitan FD. Introoperative arterial line artifact associated with SEEPs and motor evoked potentials. Am J END Trained 1999 Sep 1;39:165-72.
- Bibsu FD, Nauvich MG, Kufilk FL, Casden A, Bloom N, Siddigal E. The me of thost and rigid anterior instrumentation in the presument of idioperfect therecolumbur scallada; a astrospective review of 24 cases. Spine 2002 Fel 19(27(14):1983-7.
- Topysio NA, Mariller MM, Rivilm M, Barsicahvin R, Biten FD, Castan AM, Katille P, Neuwirth MG. Billasoy of apartinia as a blood conservation technique for adult defoundty spinal surgery: a retrospective study. Spine 2008 Jul 15;35(16):1775-81.
- Joseph SA Jr, Berckashvili K, Martiller MM, Rivita M, Sharata K, Casden A, Ritan P, Rudik P, Netwirth M. Blood contravation techniques to spiral defluently surgery: a rujuspective review of patients radicing blood transfector. Spine 2008 Oct 1:33(21):2310-5.
- Chieppetis G, Wishack S, Bershushvill K, Persity M, Casten AM, Kufilk PL, Neuvirth MG. The complication rate in revision cervical surgery using provious surgical includes a retrospective study. Spine J (Submitted)

Paul L, Kufilk, M.D. Coriodon Vins

15

FUHLICATIONS (Continued)

OTHER PRET REVIEWED PUBLICATIONS

- Kolmerks A, Kuffik P, Bitsn F, Casden A, Neuwirth M. Hvidence-based review of the sole of aprotions in blood conservation during orthopsedio surgery. J Bone Joint Surg Am 2005 May;87(5):1129-36. Review.
- Wollowick AL, Casden AM, Kuffik PL, Neuwith MG. Rhegmatoid articitie in the corvipal spinet what you need to know. Am J Orthop 2007 Aug;36(8):400-6. Review.
- Gitchman A, Richmeh B, Morrelli BiN, Jessph SA Jr., Casdan A, Knflik P, Monwith M, Stephen M. Conda equina syndromer a comprehensive newless. Am J Orthop 2006;Nov;37(11):536-62. Review.
- Joseph SA Jr., Moreno AF. Brandoff I, Casden AM, Entlik P, Newsirth M, Stephen M. Sagittal plane deformity in the adult patient. J Am Acad Orthop Surg 2009 Jun;17(6):378-88. Review.
- 5. Pilester fieto renonstruction of the pervised spine for repair of exteoradionecrosis.

 Powell DE, Jacobson AS, Kufith PL, Pershy MS, Midenavoig JE, Khomanii AS, Spine J. 2013 Nov;13(11):e17-21. doi: 10.1016j.spinee.2013.06.004. Epub 2013 Aug R. FMID: 23932779 [PubMed in process]

BOOKS AND BOOK CHAPTERS

- Girasolo GJ, Kuffilk P. Spondylolysis and spondylolisthesis. Orthopadio comprehensive study guide. McGraw Hill; Spring 1997.
- Giovacie GJ, Knilik PL, Spivak IM. Pediatrio spine: Spondylolisticatis. In: Spirak IM, Di Course FR, Feldman DS, Koval KJ, Rokito AS, Zuckenman ID, editors. Orthopsedies: a statly guide. New York: McGraw-Hill; 1999. p. 419-26.
- Letho IJ, Kuffik FL. Adult spine: definately. In: Spivak JM, Di Craure PB, Peldman DB, Koval KJ, Bokito AS, Zueberman JD, efficet. Orthopsoiden: a study guide. New York: McGraw-Hill; 1999. p. 365-71.

NON-PERE REVIEWED PUBLICATIONS

 Kuflik PL. The Ribert of DMSO on Papelo-locked Arthritis in Rabbit Kupa Joints [conserve project]. Syracuse (NY): Upstate Medical Canter; 1980. Paul L. Kufilk, M.D. Curisulan Vita

16

INVICED LECTURES/PRESENTATIONS

- Jeffe W, Kufiik PL, Gold S. Normalized and proportionalized famoral team design: a six year clinical experience. Convention of the American Academy of Orthopsedic Surgeons 1986.
- Kuffik PL. Overview of treatment of spine fractures. Mt. Sinui Treams Conference 1985
 Jun.
- Reich J, Kufilk PL, Neuwirth MG. Transferriner thest snew foutien for humber artimologie. NASS 1991.
- Giordano C, Kurlik PL, Spivak I, Neaveith MG, Moskovich R, Brisson P. A prospective mademized trial of supplemental peripheral mutrition after one stage naturior and posterior spinal reconstructive surgery. Alumni Meeting, Rospital for Joint Discussion 1993 Oct 29.
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Paul L. Kuflik, M.D. Curdestan Vites

17

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Paul L. Kufilic, M.D. Confedens Vitue

18

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Paul L. Kuffik, M.D. Corriggion Vine

19

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ABSTRACTS

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Legal Cases

Testified/Deposed

Case	Location	Date
Hector Reynosa	Supreme Court, Kings County	6/15
Richard Marzec v. Garsh Garage	Supreme Court, New York County	1/28/14
Corp., et al.	Index No.: 103556/11	
Michele Brown (non-party witness)		10/2013

C



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January 25, 2017

Michael Giacopelli Esq. Lewis, Brisbois, Biegeard & Smith 77 Water Street, Suite 2100 New York, New York 10005

Re: Zbigniow Papiez Date of Injury: 10/31/2013

Dear Mr. Giacopalli,

I performed an independent medical examination with regard to the spine on Mr. Papiez at my office at 5 East 98th Street, New York City, New York 10029 at approximately noon on December 15, 2018. A Polish interpreter Mr. Spinner from Starr Interpreters was present throughout. Mr. Zaborowski a representative of the plaintiff's attorney Edelman and Edelman was present as well. Mr. Papiez's NYS driver's license was used for identification.

The history as obtained from Mr. Paplez is that he is a 47-year-old right hand dominant gentleman who was shopping in Home Depot on October 31, 2013 when brick(s) fell on his back. There was no loss of consciousness. He had the immediate onset of pain in the upper spine and neck. He was knocked down to his knees. He was taken by 911 ambulance to Elmhurst Hospital emergency where he was evaluated and treated. He was discharged home and told to follow-up with his primary care doctor. He was not employed at the time, and he has not been employed since the accident. He was previously a contractor. He was treated with injections and epidural steroid injections and ultimately underwent surgery by Dr. Andrew Merola approximately one year after the event. He does not recall the exact date. The surgery was performed at Columbia Presbyterian Downtown Manhattan. Prior to the surgery he had pain in the back of his neck, which he rates as an 8 to 9 on a scale of 0 to 10. The pain radiated to both shoulders, both hands, and arms with numbness in both of his hands. Following the surgery the pain has lessaned so that it is now a 4 to 5 on a scale of 0 to 10, but he remains with numbness and tingling of the fourth and fifth digits of his right hand. He denies any problems with his dexterity or fine motor control. He attended physical therapy post operatively, but that stopped one to two weeks ago. He exercises on his own. Prior to the surgery he was treated by Dr. Podhorodecki. Currently he has pain in the back of his neck that he rates as a 4 to 5 on a scale of 0 to 10. There is numbrass in the radial fourth and fifth digit of Re: Zbigniew Papiez

Date of Injury: 10/31/2013



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the right hand. He denies any problems with the remainder of his spine. He wears a soft collar because he claims it makes him feel better and safer. He feels that the collar "suits him". He claims that since his surgery he feels like there is something stuck in his throat.

Past medical history is aignificant for a work related injury eight years prior to this accident. He was treated with an anterior cervical discectomy and fusion by Dr. Merola. He does not recall when the surgery was performed. He claims that he got all better following that surgery with no residual issues, though he never returned to work. He claims he did not return to work because his wife started a preschool and he felt that he should be available to help out. He said for approximately four to five years after his first surgery he did not do any work around the house, but then started to resume doing work around the house and was functioning almost normally, he just chose not to return to work. His pain is aggrevated by sleeping on his back or sitting in a chair. The only thing that makes him feel better is medications and an ointment that he puts on his back.

He can sit comfortably usually for 5 minutes with a maximum of 60 minutes; he can stand for 5 to 10 minutes and walk 3 or 4 blocks. He denies any bladder or bowel dysfunction. He had hemia surgery approximately 25 years ago, and left lung surgery greater than 10 years ago. He denies any other traumatic events. Past medical history is otherwise negative. He denies any other medical problems.

Current medications are Percocet 4 tablets each day, Gabapentin 300 mg at night, occasionally taking 600mg, and an olntment which he puts on the back of his neck. He denies any allergies to medications. He smokes one pack per day. He does not consume alcohol. He is able to perform his activities of daily living. He is able to drive short distances of 10 to 15 minutes.

Mr. Paplez was instructed before the examination and during the examination to report any pain and to avoid performing any maneuvers that he felt could worsen his symptoms or condition. He indicated that he understood this. Opportunities for breaks during the examination were offered. The examination was completed without complaints or signs of injury.

On examination he arrived wearing a soft cervical collar that he removed for the examination. He is in no apparent distress. He is a pleasant, cooperative gentleman. He moves about the exam room without any difficulty. He gets up

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and down from the examination table without difficulty. He independently changed into a gown for the examination. He is 5'8" tall and weighs 175 pounds. He is a well-nourished, well-developed gentleman. He has a normal gait. He is able to toe walk, heel walk and demonstrate tandem gait. On active range of motion testing of the lumbar spine he will bend forward 80 degrees, extend 40 degrees, has 20 degrees of right and left lateral bending, and 30 degrees of right and left rotation. His motion is fluid and unrestricted. On active range of motion testing of the cervical spine he will demonstrate 45 degrees of flexion, 20 degrees of extension, 20 degrees of right and left lateral bending, and 40 degrees of right and left rotation. Motion is restricted by subjective complaints of pain. A goniometer was used to assist in measurement.

Normal range of motion lumbar spine:

Flexion 75-90 degrees
Extension 25-30 degrees
Lateral right bending 30 degrees
Lateral left bending 30 degrees
Rotation to the right 30 degrees
Rotation to the left 30 degrees

Normal range of motion of the cervical spine:

Flexion 45-80 degrees
Extension 45-80 degrees
Lateral bending to the right 40-45 degrees
Lateral bending to the left 40-45 degrees
Lateral rotation to the right 70-90 degrees
Lateral rotation to the left 70-90 degrees

He has two parallel well-healed non-tender transverse incisions in the base of his neck on the left side. They are each 3 cm in length. He informs me the lower one is the newer incision. Motor examination of the upper and lower extremities is 5/5. Sensation is diminished in the right upper extremity in a global non-demactornal fashion. There is no evidence of clonus, Hoffmann's or Babinski's, or Spurling's sign. Straight leg raising is negative bilaterally. Deep tendon reflexes are 1 plus in the upper extremities, 3 plus in the lower extremities. There is no evidence of strophy. There is no para spinal muscle spasm or tenderness.

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have reviewed the following medical records:

- 1. Examination before trial of Mr. Papiez 02/16/16.
- 2. Medical records All County Radiology.
- 3. Medical records New York Ortho, Sports Medicine & Trauma.
- 4. Prehospital care FDNY report 10/31/13.
- 5. Medical records Andrew Merola, M.D.
- 6. Verified bill of particulars.
- 7. Medical records Dr. Grimm MD.
- 8. Medical records Dr. Pedhorodecki MD.
- 9. Medical records Elmhurst Hospital Center.
- 10. Medical records Green Point Diagnostic Imaging.
- 11. Medical records Markow Apieka Pharmacy.
- 12. Medical records New York Presbyterian Hospital lower Manhattan.
- 13. Medical records Park Place Medical Imaging.
- 14. Medical records Personal Health Imaging.
- 15. Medical records AMR Nurse Consultants Kimberly Kushner RN
- 16. Expert report J. Kahn MD
- 17. Expert report Vocational Economics

reviewed the following imaging studies.

- 1. MRI of the cervical spine performed April 29, 2015 at All County LLC.
- 2. Ap and Lat x-ray of the cervical spine Greenpoint Radiology 11/19/14
- 3. Ap and Lat x-ray of the cervical spine Greenpoint Radiology 8/3/15.
- 4. MRI Cervical Spine Park Place Medical Imaging 12/9/13.

Prehospital care report summary dated October 31, 2013 indicates Mr. Papiez was complaining that his neck hurts. "He was complaining of neck pain after a brick paver fell on him". He was placed in a cervical collar and long board. He was noted to be neurologically intact. There were no visible injuries. His vitals were stable.

The Elmhurst Hospital emergency room records indicate that Mr. Papiez arrived via ambulance. He was complaining of neck pain after bricks fell on him. There was no loss of consciousness. He reported that he takes Vicodin daily for the last five years after a previous fall at work and cervical spine fusion surgery. Examination revealed that his neck was supple. There was no cervical, thoracic

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or lumbar spine tenderness. He was able to turn his head left and right greater than 45 degrees. A CT scan of the brain was noted to be normal. He had no midline cervical tenderness and full range of motion of his neck. At the time of discharge from the emergency room his pain level was a 1 on a scale of 0 to 10. It would appear his complaints and findings in the cervical spine were so minimal imaging studies of the nack were not performed.

On 11/6/2013 Dr. Crone notes an MRI performed on May 6 2006 demonstrated a right C5-C6 central right hemiated disc, small central hemiation at C6-C7 central subligamentous protrusion C4-C5.

I reviewed a report of an MRI of the cervical spine performed on December 9, 2013 at Park Place Medical Imaging. The report describes previous surgery at the C5-C6 level. There is a right foraminal para-sagittal hemiation at C6-C7 with hemi cord compression and impingement on the exiting C7 and C8 nerve roots. I reviewed these Images. I do not appreciate the right foraminal para-sagittal disc hemiation mentioned in the report. There is neither hemi-cord compression appreciated nor C7 or C8 nerve root impingement. There is no evidence of acute injury. There is a shallow right disc — esteophyte complex at C8-C7 that is preexisting, of chronic duration and not traumatically induced. It is not causing spinal cord or nerve roct compression.

Dr. Mercla's records from prior to this accident indicate that Mr. Papiez had been involved in a work related injury. He noted in November 2007 that Mr. Paplez had a severe and unremitting mechanical axial neck pain with radiation into both upper extremity C6 distributions. He performed an anterior cervical discectomy and fusion at the C5-C8 level on 12/11/07. On July 14, 2008, Dr. Merola notes Mr. Papiez has adjacent segment disc hemiations, Indicating the C6-C7 disc pathology was present siready in July 2008. He notes Mr. Papiez is totally disabled. On February 18, 2009, and on June 28, 2010 he notes that Mr. Paplez continues to have severe chronic neck pain, marked restriction of motion with 20 degrees of flexion, 0 degrees of extension, lateral bending to the right of 25 degrees and to the left of 15 degrees, rotation to the right of 10 degrees and rotation to the left of 5 degrees. He has difficulty in performing his activities of daily living, and finds that he has a total permanent disability. He had numbress tingling and absent sensation in the C4, C5 and C6 distributions. This would include the distribution of his current complaints of numbress tingling in his right 2nd and 3rd digits. Dr. Merola notes residual reurologic deficits, the need for chronic narcotic medication, assistance with activities of daily living, and chronic

Re: Zbigniew Paplez Date of Injury: 10/31/2013



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pain. In 2010, three years prior to the event on 10/31/13, Dr. Merola suggests further cervical spine surgery may very well be needed.

Dr. Pedehorecki notes in July 2013 and earlier in the month in October 2013 Mr. Papiez has chronic carvical radiculopathy and is requiring chronic narcotic medication. He has been under her care essentially continuously since 2006 for his back, neck and cervical radiculopathy. In April 2003, Dr. Podohorecki notes issues at the C3-C7level. The pharmacy records indicate he was already on long-term high dose narcotic pain medication prior to the event in 2013.

I reviewed the operative report dictated by Dr. Merola on September 3, 2014. Preoperative diagnosis was disc hemiation C6-C7 segment producing significant severe and progressive upper extremity C7 radiculopathy with cord irritation, evidence of myelopathy, history of prior ACDF C5-C6 segment, acute onset hernlation radiculopathy and myelopathy. The postoperative diagnosis was the same. The procedure was an anterior cervical discectomy C6-C7 with partial corpectomy at C6, partial corpectomy at C7, decompression of spinal nerve roots at C6-C7, placement of blomechanical device at C5-C7, placement of anterior locking plate screw implant at C6-C7, autogenous bone graft, allograft bone grafting, intraoperative fluorescopy, intraoperative evoked potential monitoring, exploration of spinal fusion at C5-C6. Inter operatively Mr. Papiez was found to have a solid arthrodesis at C5-C8 with a disc hemiation at C6-C7. A review of the post-operative x-rays does not show evidence of hemi-corpectomies having been done but rather a routine anterior cervical discectomy and fusion. It would appear the previously applied plate at C5-C6 was left in place making the exploration at C5-C8 a rather minimal undertaking.

I reviewed a report of an MRI of the cervical spine performed April 29, 2015 at All County LLC. The report indicates there was a previous anterior cervical disceptomy and fusion noted at C5-C6 and demonstrated new surgery at C6-C7 is reviewed these images as well. Other than the evidence of the surgery at C6-C7, I do not appreciate any significant changes compared to the MRI study performed on December 9, 2013.

A report of a post operative x-ray performed August 6, 2015 at Green Point Diagnostic Imaging showed evidence of the surgery from C5 to C7 without any other significant findings. The study does not show a hemi-corpectomy having been performed.

Re: Zbigniew Papier, Date of Injury: 10/31/2013



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i disagree with the report from Ms. Kushner. There is no causally related indication for continued Physiatric care including injections, nerve blocks, spinal stimulator, morphine pump, physical therapy, TENS unit, assistance with ADL's, transportation assistance, or household assistance. Mr. Papiaz was already on high dose narcotic pain medication prior to the 10/31/13 event. To the extent he may need higher doses in the future that is a consequence of the natural history of treating chronic pain with high dose narcotics. As tolerance develops, higher doses are needed. Mr. Papiez has been taking narcotics chronically since at least 2006.

In summary, Mr. Papiez was involved in an accident at Fiome Depot when he was struck on the back of his upper back or neck. Examination at that time revealed no visible sign of injury, unrestricted full range of motion of the cervical spine and he was neurologically intact. His pain in the Elmhurst ED at discharge was a 1 on a scale of 0 to 10. Findings were most consistent with a contusion. He is status post a work related injury to his neck in 2006 ultimately treated with an anterior cervical discectomy and fusion in December 2007. It is well documented he already had a disc hemiation at C6-C7 in 2006. He never returned to work following that injury. He was still receiving medical treatment for a cervical radiculopathy and requiring narcotic pain medication on a daily basis at the time of the event on 10/31/13.

His presentation is not consistent with a new onset acute disc hemiation at C8-C7 or even exacerbation of a pre-existing asymptomatic disc hemiation at C6-C7. He had virtually no significant findings in the Emergency facility following the injury. The history and cervice! MRI parformed after the event on 10/31/13 is most consistent with adjacent segment disease at C8-C7 rather than an acute injury. Prior to this injury it is well documented that his range of motion was markedly diminished, and that he was permanently disabled. He had virtually identical complaints and physical findings prior to 10/31/13 as he does now. Approximately three years following his first surgery in 2007, he was found to have marked restriction of motion of the cervical spine and a permanent total disability. He had absent sensation with numbness and tingling in the identical distribution as now. One would not anticipate a change in his condition between 2010 and 2013 if he has the complaints and findings described nearly three years post-surgery, i.e. the changes described in 2010 are permanent. Additionally, he was been under the continuous care of a Physiatrist for cervical radiculopathy including high dose narcotic pain medication right up to immediately prior to this injury.

Re: Zbigniew Papiez
Date of Injury: 10/31/2013



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Objectively there was no change in his condition from before 10/31/13 to after. His objective complaints and physical findings were unchanged from before to after. Currently objectively, he is no worse off than he was prior to the event on 10/31/13. He is still requiring chronic pain medication as he was prior to this alleged accident. His complaints now are subjective. He is neurologically intact. His diminished range of motion is subjective and essentially identical to what it was prior to this event. The soft collar that he chooses to wear likely contributes to his issues by unnecessarily restricting motion and contributing to his stiffness, and weakening his musculature.

His complaints, physical findings and the surgery performed are more consistent with a diagnosis of adjacent segment disease and chronic radiculopathy than a traumatic injury. Mr. Papiez has chronic pain. He had complaints out of proportion to the objective information both before and after the event on 10/31/13. There is no causally related indication for further treatment at this time. There is no objective change in his disability as a consequence of the event on 10/31/13. He is no more disabled now then he was prior to this event. There is no medical contra indication relative to the spine to him participating in activities without restriction.

i, Paul Kuflik MD., being a Diplomate of the American Board of Orthopedic Surgeons, am duly licensed to practice medicine in the State of New York pursuant to CPLR, section 210.3 and hereby affirm under the penalties of perjury the foregoing is true to the best of my knowledge except as to those matters stated on information and belief, and as to those matters I believe to be true. The above claimant was examined according to the restrictive rules concerning an independent medical examination. It is therefore understood no doctor patient relationship exists or is implied by this examination.

The claimant is examined in reference to that specific complaint emanating from the original injury. Any other medical conditions, which were either unreported or felt to be unrelated to the original injury, are considered to be beyond the purview of this examination.

Sincerely yours,

Re: Zbigniew Papiez Date of Injury: 10/31/2013

8



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Re: Zbigniew Papiez Date of Injury: 10/31/2013

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November 7, 2016

Michael N. Giacopelli
Partner
Lewis Brisbois Bisgaard Smith
Michael.Giacopelli@lewisbrisbois.com
77 Water Street, 21st Floor
New York, NY 10005

RE: Zbigniew Papiez

Date of IME: Nevember 15, 2016 @8AM Rescheduled December 15 @ Noon.

Location: 5 East 98th Street New York City, NY 10029 4th Floor

Fee: \$7500 prepaid for IME, record, x-ray review report preparation, discussion.

Please send records and payment to:

Paul Kuflik MD

Or electronically to

Thank you.

AFFIDAVIT OF SERVICE

STATE OF NEW YORK	
COUNTY OF NEW YORK) ss.:)
	KI, being duly sworn, deposes and says, that the deponent is not a party of age and resides in the County of Queens, City of New York.
	of September, 2017, the undersigned served the within <u>NOTICE OF</u> and <u>AFFIRMATION IN SUPPORT WITH EXHIBITS</u> upon the
Edelman & Edelman, P.C. 61 Broadway – Suite 3010 New York, New York 10006	
enclosed in a postpaid, proper	by said attorney(s) for that purpose by depositing a true copy of same ly addressed wrapper, in an official depository under the exclusive care tes Post Office within the State of New York.
	DONNA J. LUDWICKI
Sworn to before me this day of September, 2017	
Notary Public	
Shadena Morant-Daniels Notary Public, State of New York No. 24-4986342	

Qualified in Kings County Commission Expires Sept. 9, 2021